PRINTED: 08/29/2012 FORM APPROVED

(X6) DATE

Indiana State Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 005089		(X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING		(X3) DATE SURVEY COMPLETED 07/12/2011	
NAME OF PROVIDER OR SUPPLIER ST. MARY'S MEDICAL CENTER OF EVANSAULE INC. 37			3700 WAS	REET ADDRESS, CITY, STATE, ZIP CODE 00 WASHINGTON AVE (ANSVILLE, IN 47750			
1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)			ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (X5) (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY) (X5) COMPLETE DATE		COMPLETE
This vis hospital Complete Unsubstitute Date: Facility Survey Billie Jo Public St. Mar complis Service	This visit was for the investigation of a State hospital complaint. Complaint Number: IN00088846 Unsubstantiated: Lack of sufficient evidence. Date: July 12, 2011 Facility: 005089 Surveyor: Billie Jo Fritch RN, BSN, MBA Public Health Nurse Surveyor St. Mary's Medical Center was found in compliance with 410 IAC 15-1.5-6, Nursing Service, Hospital Licensure Rules. QA: claughlin 07/27/11			S 000			

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

STATE FORM 6899 EIJR11 If continuation sheet 1 of 1

TITLE